

**2009-2010 ADULT VOLLEYBALL MANAGER'S INFORMATION CARD**

MEN'S LEAGUE\_\_\_\_\_WOMEN'S LEAGUE\_\_\_\_\_CO-ED\_\_\_\_\_

NAME OF TEAM\_\_\_\_\_

MANAGER'S NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_STATE\_\_\_\_\_ZIP CODE\_\_\_\_\_

HOME PHONE\_\_\_\_\_WORK PHONE\_\_\_\_\_CELL PHONE\_\_\_\_\_

E-MAIL ADDRESS\_\_\_\_\_

Returning Team\_\_\_\_\_ New Team\_\_\_\_\_ (Name of team last season)\_\_\_\_\_

**League Desired:**

COED (THURS)\_\_\_\_\_

**BYE WEEK REQUEST DATE (IF POSSIBLE)**\_\_\_\_\_

**League Fee: \$417**

**Non Resident Fee: \$12.50 per non resident player**

**City of Mountain View, Recreation Division, Adult Sports League  
Credit Card Authorization Form**

I Authorize the use of my    Mastercard ☐ Visa    In the amount of \$\_\_\_\_\_ for league fees.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Team Name \_\_\_\_\_